



# SURGICAL & PROCEDURAL BLOCK REQUEST

DATE: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

*Physician or Group Name*

*Contact Name and Phone Number*

Select Facility:      Bend              Redmond  
 Indicate Unit:        CATH              EP              IR              MDU              OR

- Check One:
  - I do not currently have block time and am requesting block time.
  - I am requesting additional block time.
  - I am requesting a modification to my block assignment (including Leave of Absence).
  - I am requesting that my block time (below) be canceled.

2. Rank your top three choices for assigned day of the week (1 being first choice):

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------|---------|-----------|----------|--------|
|        |         |           |          |        |

3. If requesting New or Additional Block answer the following:

Anticipated Cases Per Block Day:                      Anticipated % of inpatient admission:  
 Ratio of adult to pediatric cases:                      Average Duration (wheels in/out):

Please indicate your specialty and the most common procedures that you perform:

Additional Comments (for example, special equipment, supplies or staffing requirements):

4. Return completed form to the Surgical and Procedural Block Oversight Committee via:

EMAIL: [blockrequests@stcharleshealthcare.org](mailto:blockrequests@stcharleshealthcare.org) or FAX: 541.706.6342

**MEETING SCHEDULES & PROCESSING TIMELINES**

*The Bend Committee normally meets the 3rd THURSDAY of each month. The Redmond Committee normally meets the 3rd TUESDAY of each month. Decisions are communicated within 30 days of request.*

**REQUEST DISPOSITION (For Committee Use Only)**

Approved      Assigned Day(s):                      \*Room:              Decision Date:  
 Denied        Reason: See Committee Comments Below                      Effective Date:

Committee Comments:

\*Actual room location may vary to accommodate daily operational resource needs.